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(Re	questor's Name)		
(Ad	dress)		
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PICK-UP	WAIT	MAIL	
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(Do	cument Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAXINE, LLC	
************************************	Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted	1 for filing.
Please return all correspondence concerning this matter to the	following:
MICHAEL D. MORE	LLY, ESQ
(Name o	of Person)
(Firm/C	ompany) Es o
1200 S. PINE ISLAN	
	Iress)
	SER 7
PLANTATION, FLOI	
(City/State a	nd Zip Code)
For further information concerning this matter, please call:	. Sm o
MICHAEL MORELLY (Name of Person)	at (
(Name of Person)	(Area Code & Daytime Telephone Number)
Fachardia 1 1 C of CH 1	
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \$30.00 Filing Fee & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Certificate of Status	\$55.00 Filing Fee & Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
•	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
1.O. DOX 0347	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>M</u>	IAXINE, LLC		
	(Present Name) (A Florida Limited Liability Company)		
	·		
FIRST:	The Articles of Organization were filed on APRIL 12, 2007 and assigned document number L07000039478	d	
SECOND:	This amendment is submitted to amend the following:		
	ARTICLE I - is amended such that the name of Limited Liability Company is	changed	 1 to:
	1400 N. UNIVERSITY DRIVE LLC		_
		•	
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		THE CO	AP!
	·	ASE	77
			<u>.</u>
		70.7 71.8	2
		10°	60
Dated Ap	oril 24		
	Medicably		
•	Signature of a member of anthorized representative of a member	•	
	MICHAEL D. MORELLY, ESQ.		
	Typed or printed name of signee		

Filing Fee: \$25.00